

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)


PROGRAM:

ADA ARRA

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. GRANT AWARD NUMBER: 2A 09010240 DATE OF SITE VISIT: 5/18/10
2. GRANT PERIOD: 3/1/10 - 2/28/12
3. RECIPIENT/IMPLEMENTING AGENCY:  
Merced County District Attorney's Office
4. PROJECT DIRECTOR:  
Larry Morse II, District Attorney

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
	Admin. Services Director	DA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Program Specialist

5/18/10  
Date

Signature of Section Chief

8/5/10  
Date

Signature of Project Representative

5/18/10  
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES   NO   N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Do the personnel policies include:

- Work hours
- Compensation rates including overtime and benefits
- Vacation, sick, and other leave allowances
- Hiring and promotional policies

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file
  - Job application
  - Resume
  - Performance evaluations
  - Salary rates
  - Benefits
  - Current job duties/descriptions
  - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
  - Name of individual who approves purchases.  
Financial officer
  - Name of individual who writes checks.  
Fiscal Analyst
  - Name of individual(s) who signs checks.  
[Redacted]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal /R. H. Section 11000I

- Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

YES NO N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

#### 12. MATCH REQUIREMENTS

- Does the project have a match requirement?
- Is the project meeting the match requirement?
- Review the supporting documentation to substantiate cash or in-kind match.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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☐ ☒ ☐

Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

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Comments:

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

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Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW & ADDITIONAL COMMENTS

#### *Drug Enforcement Section*

#### *Anti-Drug Abuse (ADA) Enforcement Team Program*

#### *California Multi-Jurisdictional Methamphetamine (Cal-MMET) Enforcement Treatment Program*

- |   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. If asset forfeiture funds are received and/or expended, are project income reporting forms completed and mailed to Cal EMA on a quarterly basis? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project track the percentage of time staff spends on non-project related duties? If no, please provide recommendations made to the project (attach additional pages as necessary). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 4. Does the project maintain confidential funds? If yes, please describe policies (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 5. Have all grant-funded positions been filled? If no, please explain (attach additional pages as necessary). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

*In the hiring process for Legal Assistant.*

- |   |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 6. Does the project have on-file the following documentation supporting the:  |                                     |                          |                                     |
| o Signed DEC Protocol MOU   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| o Copy of "project specific" duty statement, rather than a copy of the local agency job classification/position duty statement or description | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| o ADA Steering Committee minutes signed by all required participants  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| o Copy of all approved Grant Award Modifications/Amendments   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

7. Is the Task Force a combined ADA/Cal-MMET Team?

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If yes, please describe how the task force ensures the statistics are not double reported on the ADA or Cal-MMET progress reports.

Comments:

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### SECTION III - ADDITIONAL COMMENTS:

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NOTES:



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION III – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

- |  | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>               |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2. Is the project aware of the Central Contractor Registry (CCR) requirements? |                                     |                          |                          |
| ○ Register with a valid DUNS number; and                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Renew CCR registration yearly for the life of the grant.                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project understand that they report Section 1512(c) information to Cal EMA and <u>not</u> to FederalReporting.gov directly?   |                                     |                          |                          |
| ○ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3 <sup>rd</sup> working day of each month for JAG funded programs and by the 10 <sup>th</sup> day of the each month for VOCA or VAWA funded programs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project understand that by accepting the grant award, they agreed to:  |                                     |                          |                          |
| ○ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Comments:

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5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

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Comments:

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6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig).

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Comments:

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7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

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Comments:

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8. Does the project understand that by accepting the grant award, they:

- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and
- Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

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Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT);
- PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and
- Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Specific to Recovery JAG funded programs only).*

Comments:

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10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports) or
- Minutes of formal meetings where official budget decisions were made.

*(Specific to Recovery VOCA/VAWA funded programs only).*

Comments:

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### SECTION IV - ADDITIONAL COMMENTS:

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NOTES:

# EEO CHECKLIST – A

## For Federally Funded State and Local Government Agencies (Monitoring/Site Visits)

RECIPIENT: Merced County District Attorney's Office  
IMPLEMENTING AGENCY: District Attorney's office  
GRANT#: 2A09010240  
FEDERAL \$: 336,123  
CONTACT PERSON AT SITE: Jeannette Pacheco  
PHONE#: 209-385-7385 x4190  
EMAIL ADDRESS: jeannettepacheco@co-merced.ca.us

The U.S. Department of Justice regulations regarding the EEO content are quite comprehensive. For purposes of an initial screening to determine any potential problems in the agency's workforce, we are focusing on the indicators outlined in this summary. If there is a determination, based on an initial screening, that a further review is appropriate, the entire documentation required under Department of Justice regulations contained in 28 CFR 42.301 et seq., may be requested and reviewed.

The following is to assure that OES recipients with 50 or more employees and receiving Federal financial assistance from the U.S. Department of Justice of \$25,000 or more are in compliance with state and federal civil rights requirements. Please verify that the following EEO documents are available and obtain copy at the site/monitoring visit. If they are not available, please note and forward a copy of this completed form to the EEO Office.

- ☐ 1. **EEO POLICY** - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.

YES X (Request a copy of the policy and indicate if has been issued to staff.)

NO \_\_\_\_\_ (Provide attachment 1B)

- ☐ 2. **SEXUAL HARASSMENT POLICY** - A current policy specifically stating that the agency prohibits harassment of any kind, including harassment on the basis of sex, race, color, religion, gender, age, mental or physical disability, medical condition, national origin, marital status, veteran status, sexual orientation, or any other characteristic protected under federal or state law or local ordinance.

YES X (Request a copy of the policy) NO \_\_\_\_\_ (Provide attachment 2B)

- ☐ 3. **DISCRIMINATION COMPLAINT PROCEDURE** - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?

YES X (Request a copy of the procedure) NO \_\_\_\_\_ (Provide attachment 3B)

- ☐ 4. **NONDISCRIMINATION POSTER** - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.

YES X NO \_\_\_\_\_ (provide attachment 4A)

- ☐ 5. **PUBLICATIONS** - Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?

YES X (Request a copy of the document) NO \_\_\_\_\_

- ☐ 6. **COORDINATOR** - Has the recipient identified a person responsible for coordinating complaints?

NAME: Patrick Lunny TITLE: Chief Investigator (QA)

PHONE#: 209-385-7383 EMAIL: \_\_\_\_\_

- ☐ **7. FINDINGS OF DISCRIMINATION** – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).

YES \_\_\_\_\_

NO X \_\_\_\_\_

- ☐ **8. ALLEGATIONS OF DISCRIMINATION** – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?

YES X \_\_\_\_\_

NO \_\_\_\_\_

- ☐ **9. Equal Employee Opportunity Plan** – Is the Agency's EEO Plan current with in the (last 2 years)? The plan should consist of:

- a. An introduction page which includes recipient name, implementing agency, address, contact information, grant type, etc.
- b. EEO Policy
- c. Utilization Analysis Chart
- d. Narrative Underutilization Analysis
- e. Objectives to improve underutilization
- f. Steps to achieve the objectives
- g. Signature and certification of accuracy of EEO Plan

YES X (Obtain copy of current EEOP.) NO \_\_\_\_\_

Refer recipient to: [http://www.ojp.usdoj.gov/about/ocr/eeop\\_comply.htm](http://www.ojp.usdoj.gov/about/ocr/eeop_comply.htm)

- ☐ **10. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy** - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.

YES X \_\_\_\_\_

NO \_\_\_\_\_ (provide attachment 10A)

- ☐ **11. LIMITED ENGLISH PROFICIENCY (LEP)\*** – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.

YES X (Request a copy)

NO \_\_\_\_\_ (provide attachment 11A)

\*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEOP Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST: Michael Bright

DATE: 5/18/10

COMMENTS:

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Upon completion, please send a copy of this checklist and documents received to  
Lisa Abila, EEO Compliance Officer, OES Headquarters.